PRELIMINARIES OF OBSTETRIC NURSING

By MARY L. KEITH

It is generally supposed that any nurse can do obstetric nursing.

So she can, if she knows how.

Every good nurse knows the principles of asepsis and antisepsis. That she learns in her general training, and when she knows in addition:

The hygiene of pregnancy;

How to recognize approaching labor;

How to help the doctor and comfort the mother during that labor;

What supplies are necessary and how to prepare them;

How to prepare the patient;

How to examine, and when, and why;

How to prevent septic infection;

How to guard against hemorrhage;

What symptoms precede eclampsia;

What to do at a normal birth (with or without a doctor);

What to do at an instrumental delivery;

The after care (with or without complications);

The care of the new baby (his cord, his eyes, his skin, his food, his clothing, and the formation of good habits;—

When she knows these things in addition to her general training, she knows enough to try obstetric nursing.

The most important factor in her work is her asepsis. Since the introduction of asepsis and antisepsis into obstetrics, septic infection, formerly known as puerperal fever, has been almost eliminated. It is a preventable disease and differs in no way from other septic infection. That the open wounds exist inside the uterus, in the cervix, in the vagina, in the perineum, and are waiting to be infected, are vital points to be taught and remembered. Asepsis must ever be at the fingers' ends.

An obstetric nurse waiting at the patient's home will prepare, while waiting, six dozen pads, made by folding cotton-waste inside absorbent gauze; and for wiping up discharges, either a pound of this same waste made into balls, or several dozen thin gauze sponges four inches square. These pads and sponges, with six towels and two old sheets, must be sterilized. The kitchen wash-boiler can be used for a sterilizer if nothing better is at hand. A wooden shelf resting on two earthen bowls can hold the goods, which are done up with not more than four pads

or six sponges to a package. An apron for the doctor and one for the nurse may go into the boiler, also ligatures and cord-dressing for the baby.

The fewest possible things with which a labor case can be safely conducted are these sterile sponges mentioned, soap and water, a stiff nail-brush, and a pail of corrosive sublimate solution 1 to 3000. The list may be made to include a dozen other things, according to the wealth and social position of the family, but these are essentials.

The signs of labor are a vaginal discharge of mucus, which later is streaked with blood, and pains caused by uterine contractions. These pains, which occur at regular intervals, begin in the back, come towards the front, and with each pain the uterus contracts and hardens. By putting the hand on the abdomen this hardening is plainly felt. After these pains are well established the nurse will make a vaginal examination. This examination tells her whether or not the cervix is taken up, the amount of dilatation, membranes ruptured or not, does the head present and is it engaged. It is not absolutely necessary that she know about position, but she must know about presentation.

If she is not sure when the doctor wishes to be notified, she had better notify him now, that labor has begun,—not by saying come at once, but by note or by telephone convey to him the information that Mrs. Smith has been having uterine contractions since one A.M., and now, at four A.M., the cervix is gone, the os is dilated one-half inch, the head is engaged, the membranes are unruptured, and the patient's mental and physical condition is good, or any other statement which is true. The wise nurse, however, during the days she waited called on the doctor and asked at what stage he wished to be informed and how he wanted the patient prepared. Most doctors who employ a good obstetric nurse would choose not to be waked at four A.M. to be told Mrs. Smith was doing well in every way; they would prefer to be told this at seven A.M., knowing that if any complication arose it would be recognized and reported at once. Should, however, labor begin during the day, it is wise to send word at once, because otherwise the doctor might be making visits and attending to his hospital practice when wanted, and the sooner he knows that Mrs. Smith is going to need his services, the better he can arrange his work for the day. Sometimes without pain the membranes rupture. This should be reported, as labor will follow sooner or later.

Next comes the preparation of the patient. The daily bath need not be omitted; it should rather be encouraged. An enema of soapsuds should never be omitted, and if an antiseptic vaginal douche is to be given at all it should be given now. The hair about the genitals

should be closely cut and the parts well washed with soap and water, followed by corrosive, a sterile pad adjusted, the hair arranged, and, if the patient is to be up and about, a night-dress and wrapper, stockings and comfortable shoes, make a suitable toilette.

The bed on which the delivery is to take place is made ready. The manner in which it is made varies. The main point is that after delivery the soiled clothing can be removed with no effort to the patient, leaving her on dry, clean bedding, which up to this time has been protected by a rubber sheet. Beside the bed stands a table, on which is a pail of 1 to 3000 corrosive solution and the sterile sponges. If the table is large enough, or has two decks, on it also are catheter, pads, ligatures, and scissors, all sterile or in an antiseptic solution, while near at hand are the sterile towels, a few old towels not sterile, ether, ergot, and corrosive, from which fresh solution may be made. The carpet by the bed is protected by a rubber sheet or an old rug, while a foot-tub makes a convenient receptacle for soiled matter. Every convenience for soap-and-water cleanliness should be ready in the bath-room. When labor is further advanced ice is brought, also hot and cold water for possible asphyxia of the baby.

Each and every time the nurse makes a vaginal examination to determine the progress of labor her asepsis must be above criticism. It is her business to keep her hands free from cracks, which are a source of danger. The nails should be short and evenly cut; after cleaning them, there should be a thorough scrubbing of the hands with soap and water, then another scrubbing in 1 to 3000 corrosive with another brush; after the hands have been in the solution three minutes the examination may follow. If the nurse wishes to wear sterile rubber gloves she may do so. The patient has been put in position previously; the vulva is now cleansed with corrosive solution by wiping towards the rectum; when clean it is separated, and the nurse introduces one or two fingers (in accordance with her teaching) for the examination.

The usual position of the patient is the left lateral, but if she is lying comfortably on her back or right side, it is perfectly possible to examine in that position, as nurses are taught to use either hand. The position should be decided upon before the nurse prepares her hands, as afterwards she cannot handle unsterile matter.

The nurse sees that her patient takes suitable food at suitable intervals, and, unobserved by the patient, herself observes the amount of urine secreted; but she has not done well if she neglects to pay particular attention to the mental condition of her patient. Even a woman who regards child-bearing as a physiological process might be alarmed by these necessary preparations. It is a physiological process, but it is

surrounded by many dangers. A mother who is ready and willing to meet labor is so much better equipped than a frightened mother, that every mother is entitled to all the encouragement that can be given honestly.

It is reasonable to suppose that by the time these preparations and observations have been made the doctor will have arrived. The nurse tells him what she has done, shows him the arrangements, and awaits any instructions he has to give. Her work is now about to begin.

THE SMALL HOSPITAL AND THE TRAINING-SCHOOL

By BERTHA MAYNE

In discussions as to the fuller evolution of the training-school, the small or private hospital stands as a factor,—and to many as a stumbling-block.

From the patient's stand-point no one questions that the private hospital offers certain advantages over the large institution.

The fixed routine, the inexorable laws, and unbending rules of treatment that are essential in the administration of the one are impracticable for the other. In short, the private institution may combine the order necessary for the proper treatment of disease with the atmosphere of the home. It can stop to recognize personalities as well as symptoms, and does not lose sight of the individual in the consideration of the "case."

Further comparison of relative merits in general methods is beyond our province as nurses, facing only the question of the training-school and its best possibilities.

The arguments against the small hospital as an educator are so apparent that "he who runs may read." Many of the points cited as appealing to a patient are a distinct disadvantage in the training of a nurse.

The discipline, the "hospital etiquette," the working out of systematic plans, and, above all, the scope and breadth of experience in a large hospital, are what every nurse would choose if she could judge as wisely at the beginning of her course as she can when it is finished.

As a general thing, however, the nurse is looking forward to private duty, where she is brought into different relations with her patient, and, in some degree, to her profession.

That nurse is most welcome in the family who adds tact and